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## APPLICANTS

Samuel R. Shapiro, Monroeville, PA;

\*\* CONTINUING DATA *Name, hm*\*\* FOREIGN APPLICATIONS *Name, hm*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	<i>Hugh Mair</i> Examiner's Signature	Initials	
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
PA	10	20	3

## ADDRESS

Glenn E. Klepac  
 Suite 209  
 825 Fifth Avenue  
 New Kensington , PA  
 15068-6310

## TITLE

Eyeglasses having magnetically attached outer lenses

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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